

Chapter VI: Other Than Full and Open Competition (DFOC) SOP
Attachment 2: Request for Limited Sources Justification Format >\$150K

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 656-15-2-1003-0051

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide original manufacturer's name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: Omniceil, Inc. V797D-30111

Manufacturer/Contractor POC & phone number: 951-653-2081

Mfg/Contractor Address: 1201 Charleston road, Mountain View, CA 94043-1337

Dealer/Rep address/phone number: David Krasno (MN Rep) 847-867-1820 davidk@omniceil.com

☒ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

NCO 23

4801 Veterans Drive

St. Cloud, MN 56303-2099

VISN:

23

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

Request to Lease Omniceil cabinets and provide software services for the St. Cloud VA HCS pharmacy

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:

Provide 9 cabinets, and support services for the Omniceil prescription dispensing system.

Period of Performance: Base Period: July 1, 2015 - Sep 30, 2015

Option Year One: Oct 1, 2015 – Sep 30, 2016

Option Year Two: Oct 1, 2016 – Sep 30, 2017

Option Year Three: Oct 1, 2017 – Sep 30, 2018

Option Year Four: Oct 1, 2018 – Sep 30, 2019

(b) ESTIMATED DOLLAR VALUE: \$9,453.18 (base period) \$160,704.06 (base and all options)

(c) REQUIRED DELIVERY DATE: July 1, 2015

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(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.

☐ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

☐ A patent, copyright or proprietary data limits competition. The proprietary data is: (If FAR 8.405-6(a)(2)iii before posting. Do not include specific proprietary data. Only mention the type of equipment, procedure, etc. to show that proprietary supplies or services are being procured.)

☒ The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.

Currently the St. Cloud VA utilizes 31 Omnicell Pharmaceutical automation dispensing systems. These systems are connected and have the ability to exchange information between the units, combined with software applications for dispensing, reporting and compliance with regulations. Only Omnicell cabinets interface with Omnicell networking software and other Omnicell cabinets. No other manufacturer or vendor provides Omnicell equipment compatible with Omnicell Rx systems. This system provides the ability to dispense from any cabinet anywhere in the hospital. The vendor supplies the cabinets and provides 24 hour telephone support, on-site support for both critical and non-critical system issues and software updates & upgrades. The support service and maintenance is proprietary to Omnicell and they are the only vendor that can provide this product. The Replacement of the system would total in the thousands of dollars and cause untold delays and downtime for the pharmacy function of this medical center and increase the probability of prescription dosing errors, threatening patient safety.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

In accordance with FAR (Federal Acquisition Regulation) 8.404 (d), GSA has already determined the price to be fair and reasonable.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

Market research was conducted via the internet and telephone calls with vendors to determine the availability of other brands of equipment that would be compatible with the Omnicell equipment in place, or other vendors to distribute the equipment required. None were found, Omnicell is the sole manufacturer and distributor of Omnicell brand equipment.

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(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

None

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

In the event that the St. Cloud Pharmacy decides in the future to purchase pharmacy dispensing units, it may be available for competition if other vendors are available and can provide the necessary items.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. (This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)

Lois Schofield
SIGNATURE

DATE

3-20-15

Lois Schofield
NAME

Administrative Officer
TITLE

Pharmacy
SERVICE LINE/SECTION

St. Cloud VA HCS
FACILITY

(10) APPROVALS IN ACCORDANCE WITH THE VHAPM, Volume 6, Chapter VI: OFOC SOP:

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Melanie Stockman
Melanie Stockman

3/19/15
Date

Contracting Officer
NCO 23-St. Cloud, MN

b. Director of Contracting/DESIGNEE: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Jerri A. Jenkins
Jerri Jenkins

23 MAR 15
Date

Branch Chief
NCO 23-St. Cloud, MN